

A Report on the Development of a Household Survey Instrument for the Assessment of Health Need, Utilization of and Expenditure for Health Care

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1. Introduction

1.1 Background

The development of a household survey instrument is an integrated part of the work of the Resource Mobilization Team of the IHSS project. With an objective to assess the regional demand and supply for services, and health care financing, the Resource Mobilization Team performed its work on both the supply side and the demand side. The supply side of the work involved a health facility survey in selected districts and the construction of a facility database, which will be reported separately from this document. The demand side work, which is reported here, involved a household survey with an initially designed sample size of 2000 households in selected districts.

Owing to the reduced budget of IHSS project, and the increased concerns of security, the scope of work of the household survey was revised. Rather than actually perform the household survey, it was decided that the IHSS would design an instrument for the household survey, which can be used by the Iraqi Ministry of Health to conduct demand side analysis with technical support from next round of USAID funded health projects in Iraq.

The design of the instrument was performed by QED, Abt Associates Inc.'s subcontractor for the IHSS project, under Task Assignment #1 (TA#1). The task assignment specified the objectives of the household survey, and the major contents of the household survey instrument. Based on the task assignment, QED, in collaboration with the Resource Mobilization Team of IHSS project, mapped the household survey items (see Appendix 1), and then designed the household survey instrument, which will be discussed here in this report.

1.2 The importance of a household survey

A household survey is deemed important for the national health care delivery and financing plans in Iraq. A national health plan will need comprehensive data on the priority of peoples' health problems, their need for health care, the met and unmet demand for health services, the current status of health care utilization, access and barriers to needed care, the out-of-pocket payment and expenditure for health care, and household perception of health care quality, access and the overall performance of health care system. These data can only be obtained through a well-designed household survey. Over the last decade, such a household survey has not been performed, except that several surveys were conducted in Northern Iraq (three governorates) with support from the United Nations' Oil For Food Program. However, the previous surveys conducted were mostly program specific, eg focusing only on maternal and child health, reproductive health, and nutrition. While they were useful for the design and evaluation of the specific programs, they provided little information for the overall planning of health care delivery and financing. This is the major rationale of why the household survey was planned and the household instrument was designed. While the IHSS project was unable to complete the survey given the short performance period of this project, security constraints, and the recent budget reduction, the household survey instrument we produced can be used by both central and local health authorities for health planning purposes.

1.3 The organization of this report

The report has four sections. The first section is an introduction of the work performed by the IHSS project, aiming to provide a background of the household survey work. The second section is on the objectives for which the instrument is designed. The third section is a description of the instrument (a deliverable). And the last section provides recommendations on how the designed instrument should be used.

2. Objectives

Generally, the household survey instrument was designed to assess health service need, estimate households' effective and latent demand for health care services, and investigate households' experiences with the health care system.

Specifically, this instrument can be used for a household survey for:

- Understanding of the health status of the study population
- Identification of the priority health problems
- Estimation of the health service need and the required financing
- Assessment of households' access to needed health care
- Assessment of patients' ability to pay for health care
- Analysis of the utilization of health care
- Examining health care expenditures, which can be used for the development of a national health account

3. Deliverables

The deliverables included in this report consist of:

- Recommendation for sample size and sampling methods (Appendix 2)
- A sample tracking tool (Appendix 3)
- The household survey questionnaire (Appendix 4)

Recommendations for sample size and sampling methods, and the sample tracking tool are self-explainable. The content of the household survey will need some explanation. The instrument designed for a household survey consists of the following parts:

Households' demographic and economic characteristics:

- Name and address of respondent
- Gender of respondent and other household members
- Age of respondent and other household members
- Education level of respondent and other household members
- Racial/ethnic/religious background of respondent
- Respondent relationship to household head
- Household composition and household size
- Employment status of respondent and other household members
- Household income and income source(s)
- Household assets/savings (as proxy for or validation of income)
- Housing tenure
- Dwelling unit conditions (facilities and materials)
- Monthly housing expenditure (rent, payments in lieu of rent)

Health-related indicators:

- Current state of health (self-described)
- Health events and experiences pre-war/post-war
- Incidences of illness among household members (including chronic illnesses)¹
- Preventive health care measures (vaccinations, HIV education, nutrition)
- Care-seeking behaviors related to health events
- Choice of care-providers/Preferences/Opinions
- Utilization of services
- Perceptions of services received

Households' health care expenditures:

- amount of payment
- payment method
- payment recipient

Access to Health Care Services and barriers to access:

- Distance to the nearest health care facility
- Distance to actual provider(s)
- Commute time
- Means of transportation
- Perceived barriers to access

Affordability:

- Cost of care (public/private)
- Ability to pay
- Presence/use of third-party payments (public subsidies, health insurance).

4. Recommendations to the users of the instrument

To facilitate the future use of this household survey instrument, we provide the following recommendations:

1. The household survey instrument was designed for the above specified objectives of the household survey. The users of the instrument should first examine if their objectives fit with the objectives presented here. If not, the user will need to add or delete some sections of the questionnaire.
2. The sample size and sampling methods provided in this report were initially for performing a household survey in one district of an urban governorate. While the instrument may be adopted for direct use for performing larger scale household survey (eg nation-wide household survey), the users will need to re-specify the sample size as well as re-develop the sampling frame and sampling methods to assure the representiveness of the household sample.
3. The instrument was designed to perform a household survey with a household as a unit of analysis. Any intention of individual analysis will need to breakdown the questionnaire into a household instrument and an individual instrument. Also, the two

instruments should have a household number to allow for merging the data of a household into household members.

4. This instrument has not been field tested in Iraq. While the instrument was designed by a researcher who is experienced in designing similar instruments and performing household surveys in other developing countries, it will need pilot testing in Iraq and subsequent revisions.
5. The reported deliverables do not include a training manual for the interviewers, because the instrument was designed in a user friendly manner, and it was thought there would be no need for a training manual. It is up to the user to decide whether a training manual is needed. Note that interviewers should be trained before performing the household survey regardless of whether or not there is a training manual.
6. The instrument is prepared in English. It should be translated into Arabic for utilization.

Appendix 1. IHSS Household Survey Item Mapping

Module	Section	Part	Questions	Variables	Level of observation
Household	I	A and B	B.1.a – B.4.	Socioeconomic characteristics of household members Age Gender Education Demographic status: Pregnant Delivered baby within last 2 months Infant Child (1-5 years old) Over 60	Household members
Household	II	A,B,C, D	B.5. – B.23.	Ability to pay, e.g.: Household and decision-maker's income earning (?) employment status Household income Household expenditures Share of non-discretionary household expenditures A living standards score or alternatively defined estimator based on housing characteristics and other household assets (property, durable goods, savings) Decision-maker's and patient's spending priorities	Household
To be added to Healthcare Module	To be added to Section III	To be added to Part E		Willingness to pay	Household
Healthcare	I	A,B,C,D	C.1-C.14. D.1-D.9.	Household knowledge and preferences Number of years in the neighborhood (Moved to household Module) Primary criteria for hypothetical care site selection: Minimized commute distance / time / cost Convenient office hours Reputation of doctor Reputation of health care facility (public versus private; hospital versus PHC) Availability of drugs Availability of specific services (equipment) Hospital accommodations Friendliness of staff Knowledge of the presence and location of available care sites: PHC centers, popular clinics, private outpatient clinics, 'Health Insurance' clinics, public hospitals, private hospitals Primary source of health seeking advice (e.g., patient, household member, neighbors, friends, provider of care) Prior experience with locally available care site Knowledge of appropriate care for diarrhea and upper respiratory infections: Appropriate home care measures Criteria for determining the need for care from health care providers	Household

Healthcare	II	A,B,C	E.1.- E.17.D.	<p>Health status</p> <p>Disability Health status, self-assessed on a point scale Index of frequency and severity of symptoms Presence of chronic diseases: Diabetes Hypertension COPD Asthma Cancer</p>	Household members
Healthcare	III	A,B,C,D,E	E.1.-E.31	<p>Care seeking intentions, decisions, and results\</p> <p>Occurrence of a health event Primary decision-maker regarding whether to seek care and what type Location and type of care (self-care, PHC center, popular clinic, private clinic, 'Health Insurance' clinic, public hospital outpatient department, public hospital inpatient department, private hospital outpatient department, private hospital inpatient department, ambulance) – Multiple options are possible (Question F6) Reason for not having chosen care outside home, e.g.: Too expensive Too far away Scheduling conflict Do not trust provider. (Question F14) Reasons for having chosen care site if outside home Minimized commute distance / time / cost Convenient office hours Reputation of doctor Reputation of health care facility (public versus private; hospital versus PHC) Availability of drugs Availability of specific services (equipment) Hospital accommodations Friendliness of staff Sites visited per health event in order of visiting. For each site: Services obtained: visit to a doctor, lab diagnostics, tech based diagnostics, number of days in hospital, hospital-based delivery, surgery Patient satisfaction, e.g.: Access to drugs (got prescription) Availability of drugs (could obtain prescribed drugs in the provider pharmacy) Provider competence Provider friendliness Reasonable waiting time Patient payments (fixed fee, FFS official, FFS unofficial)</p>	Household members; health event

Appendix 2. Recommendation for sample size and sampling methods

QED plans to complete 2000 household surveys on Health in Iraq. We still need to consider a variety of factors to develop a sound sampling plan that will yield results at desired level of confidence and allow for estimation at Al Karkh district level.

We will present a fully developed sampling plan based on the input from you on the following factors. Decisions around the following factors will impact the size of quotas and will possibly have cost implications:

1. Sampling method: random sampling.
2. Stratification: Need to consider (a) Parameters for stratification; (b) Proportionate vs. Non-proportionate sampling we are leaning toward a non-proportionate stratified sampling across 4 sub-districts (QA.5.) as opposed to proportionate sampling. Non-proportionate sampling will guarantee a minimum number of completed interviews in each strata irrespective of the population
3. Quotas: We suggest establishing quotas for low, medium, and high income (Q--) households. We also suggest establishing quotas for gender (Q --) and ethnicity (Q--), utilizers of care (Q— and Q--) to later help with weighting and estimation.
4. Main respondent: We propose to interview adults (18 and more years of age) who are knowledgeable about health, finance and other important matters of house. Please note that this is not an interview of “head of the household” or “decision-maker.”
5. Unit of analysis: We understand that unit of analysis is household. Some questions are being measured at the household level while others are being measured at member level.
6. Member level information: We have to consider two sets of issues: (1) provider of the information (self or proxy) and (2) all members or a limited number of members. There is more than one approach to collect member level data.

Provider of information

- a. Main respondent speaks for all
- b. Main respondent speaks for himself/herself and non-present members at the time of the interview and each present member will speak for himself/herself
- c. Information is collected from adult members present in the house at the time of the interview only (no proxy responses except for non-adults) (note that we also need to define adult/non-adult or children for the purposes of the survey. We propose adults to be ages 18 and older)

Number of members Interviewed

- a. We can consider interviewing all adults present in house at the time of interview. We can also randomly choose one child and one adult.

Illustration: if the Average size of a household in Iraq is 7, we will end up with information on 14,000 persons if we interview all. Do we really need this much information?

7. Health event: Again, there are many ways to capture health event level data. Two dimensions to consider are (1) number of health events and (2) time span for health events (e.g. over the past 2 weeks, last month, etc.) We can choose one health event for each member, or choose one most recent health event per household, or randomly select one child and one adult for health events. We can also limit health events to last 3 health events per household.
8. Contact design: We propose a 3X3 contact design, considering the situation in Iraq. This means that interviewers will make 3 attempts to locate the randomly selected household, and then another 3 attempts to reach the main respondent before moving on to a replacement household. We are open to more rigorous contact design of 5X5 but there are cost and time implications that need to be considered by Abt.

Discussions around the final list of indicators is not complete at this point. However, prioritized data elements are likely to include but not be limited to the following:

Households' demographic and economic characteristics:

- Name and Address of respondent
- Gender of respondent and other household members
- Age of respondent and other household members
- Education level of respondent and other household members
- Racial/ethnic/religious background of respondent
- Respondent relationship to household head
- Household composition and household size
- Employment status of respondent and other household members
- Household income and income source(s)
- Household assets/savings (as proxy for or validation of income)
- Housing tenure
- Dwelling unit conditions (facilities and materials)
- Monthly housing expenditure (rent, payments in lieu of rent)

Health-related indicators:²

- Current state of health (self-described)
- Health events and experiences pre-war/post-war
- Incidences of illness among household members (including chronic illnesses)³
- Preventive health care measures (vaccinations, HIV education, nutrition)
- Care-seeking behaviors related to health events
- Choice of care-providers/Preferences/Opinions
- Utilization of services
- Perceptions of services received

Households' health care expenditures:

- amount of payment

² May be asked for all members of household or for specific sub-groups (mothers and children, elderly, etc.)

³ Retrospective period (3 months, 6 months, last year) not yet determined.

- payment method
- payment recipient

Access to Health Care Services and barriers to access:

- Distance to the nearest health care facility
- Distance to actual provider(s)
- Commute time
- Means of transportation
- Perceived barriers to access

Affordability:

- Cost of care (public/private)
- Ability to pay
- Presence/use of third-party payments (public subsidies, health insurance).

Appendix 4. Household Survey Questionnaire

HOUSEHOLD SURVEY IRAQ HEALTH SYSTEM STRENGTHENING PROJECT (IHSS)

Interviewer instructions:

- 1. Please fill in all items on this page prior to administering the interview.*
- 2. All special instructions for the interviewer are in italicized bold font.*
- 3. Unless noted otherwise, please record only one response for each question.*
- 4. Respondent Selection: Please locate the individual in the household who is most knowledgeable about the health, financial condition and expenditures of the household (preferably an adult or head of the household) to conduct the interview with.*
- 5. Please record the start time when you begin administering the questionnaire. After completing the interview, please record the end time and complete sections K and L.*

A1. INTERVIEWER'S NAME: _____

A2. INTERVIEWER'S ID NUMBER: _____

A3. NAME OF DISTRICT: _____

A4. DISTRICT NUMBER

10=Al Karkh

A5. SUBDISTRICT NUMBER

01=Abu Gharib

02=Al Mahmodya

03=Al Kadimya

04=Karkh/Baghdad

A6. NAME OF MAHALLA: _____

A7. HOUSEHOLD ID NUMBER

A8. HOUSEHOLD ADDRESS:

IMPORTANT!!

Create a unique identification code above, starting with the 2-digit District number followed by the two-digit sub-district number and four-digit household number. This unique 8-digit identification code should be filled in the grids provided for the ID number on the top right hand corner of all numbered pages including this one **NOW**.

S.1. Today's date: _____ / _____ / _____
Day Month Year

S.2. Start time: _____
Hours/Minutes

NOTE: Special instructions for Survey Administrator are in *italicized bold font*.

INTERVIEWER: Please read the following information to the respondent prior to beginning the survey.

INTRODUCTION

“My name is _____ (INTERVIEWER: FILL IN YOUR NAME) from XXX. I am conducting this survey on behalf of ...USAID (or Abt Associates or Ministry of Health (MOH)). The following survey is being administered as part of our efforts to learn about your household members health status and experiences with the healthcare providers in the past 12 or 18 months with the aim of documenting the healthcare needs of the population and improving the delivery of health services in Iraq. Your household has been selected at random. We appreciate your participation on this survey very much. The survey usually takes about xx minutes to complete. Please note that your household will not be identified by name and all the information provided will be kept confidential and will be used for only learning and research purposes in a summary way.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey, since your views are important. The authenticity of the results of the whole survey will depend on your sincerity and exactness while answering the questions. (NOTE TO SASHA: IF WE DECIDE TO COMPENSATE THE RESPONDENT WE CAN ADD THE FOLLOWING: We would like to compensate you for your time....)

I would like to once again remind you that the information you provide in this interview will be kept confidential.

May I begin the interview now?”

- Z.1. Respondent agrees to be interviewed.....1---→ Go to B.1.a
Respondent does not agree to be interviewed..... 2
Respondent not available 3 – schedule a return visit



SECTION I: SOCIOECONOMIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

PART A: HOUSEHOLD MEMBERSHIP

B.1.a. Please tell me how many people are there in your household? (By household, I mean those persons who are usually resident under the same roof and share income and expenses)?

Number of persons in household who share income and expenses: _____

B.1.b. Please tell me how many other people reside under the same roof with whom you don't share income and expenses? (INTERVIEWER: If there is no one in the household who has a separate budget record 0 below)

Number of persons in household (co-residents) who don't share income and expenses:

B.1.c Please tell me in total how many adults or individuals ages 18 years or older live in your household?

Number of adults (18 years of age or older) in household: _____

B.1.d Please tell me in total how many individuals ages 6 to 17 years old live in your household?

Number of children ages 6 to 17 years old in household: _____

B.1.e Please tell me in total how many children up to 6 years old live in your household?

Number of children up to 6 years old in household: _____

B.2. Starting with the head of the household and members who share income and expenses could you tell me about each member of the household, their relationship to the head of the household, their gender, and age? For each member please provide their marital status (if aged 16 and over), education completed (if aged 6 years and over) and their employment status.

INTERVIEWER: Enter answers for questions B.2.1-B.2.9 in the table below starting always with the head of the household first, and then move to household members that share income and expenses, and finally household members that do not share income and expenses. Write the name of the household member next to the person number in the leftmost column. Follow that with the code for the relationship of the household member to the head of the household in B.2.2 and then record the appropriate codes in B.2.3-B.2.9. If the household member is female and 15 to 49 years old, please record the appropriate response for questions B.2.6 and B.2.7, otherwise leave as blank

PART B: ETHNIC BACKGROUND/RELIGIOUS AFFILIATION

B.3. Could you please tell me what ethnic group you belong to?

1. Arab
2. Kurdish
3. Azerbaijani/Turkoman
4. Persian
5. Assyrian
6. Other (specify) _____

B.4. Could you please tell me what your religious affiliation is?

1. Shiite Muslim
2. Sunni Muslim
3. Christian
4. Jewish
5. Other (specify) _____

SECTION II: ABILITY TO PAY

PART A: DWELLING

Now I would like you ask you some questions about your housing situation.

B.5. Do you or any member of your household own the dwelling in which you and your household members live?

1. Own dwelling
2. Do not own and pay rent
3. Other (specify) _____

B.6. What type of dwelling do you live in? Is it a...(INTERVIEWER: Read the list)

1. Detached house
2. Apartment
3. Temporary housing
4. Other (specify) _____

B.7. How many separate rooms are there in your dwelling?

1. 1 room
2. 2 rooms
3. 3 rooms
4. Between 4 and 5 rooms
5. More than 5 rooms

B.8. How would you describe the condition of the dwelling unit? Is it...(INTERVIEWER: Read the list)

1. Very good
2. Appropriate for living
3. Inappropriate for living

4. Partly destroyed
5. Mostly destroyed
6. Under construction/Incomplete
7. Other

B.9. Which of the following services/amenities do you have in your dwelling?

INTERVIEWER: Record all the choices that apply below.

1. Running water
2. Sewage
3. Electricity
4. Telephone
5. Central Heating
6. Gas (piped or balloon)

B.10. How long have you lived in this dwelling?

INTERVIEWER: Record the length of time specified (in days, months or years and place zero in other cases)

- a. Number of Days _____
- b. Number of Months _____
- c. Number of Years _____

B.11. How long have you lived in this Neighborhood (Mahallah)?

INTERVIEWER: Record the length of time specified (in days, months or years and place zero in other cases).

- a. Number of Days _____
- b. Number of Months _____
- c. Number of Years _____

B.12. Have you changed your dwelling during the last 12 months?

1. Yes ---→ *Go to B.13*
2. No ---→ *Go to B.14*

--

B.13. Was the conflict a main factor in your decision to move?

1. Yes
2. No
7. Refused
8. Don't know

--

PART B: HOUSEHOLD ASSETS

Now I would like you ask you some questions about assets that you and your household members own.

B.14. Does your household own any of the following?

INTERVIEWER: Read each of the options sequentially and record the appropriate response.

Record 1 for "Yes, 2 for "No", 7 for "Refused" and 8 for "Don't know".

1. Apartment or other real estate Yes No Refused Don't Know

2.	Private car know	Yes	No	Refused	Don't	
3.	Television know	Yes	No	Refused	Don't	<input type="checkbox"/>
4.	Refrigerator know	Yes	No	Refused	Don't	<input type="checkbox"/>
5.	Cooking stove know	Yes	No	Refused	Don't	<input type="checkbox"/>
6.	Washing machine Don't know		Yes	No	Refused	<input type="checkbox"/>
7.	Air condition know	Yes	No	Refused	Don't	<input type="checkbox"/>
8.	Water heater know	Yes	No	Refused	Don't	<input type="checkbox"/>
9.	Motorcycle know	Yes	No	Refused	Don't	<input type="checkbox"/>
10.	Video know	Yes	No	Refused	Don't	<input type="checkbox"/>
11.	Computer Don't know		Yes	No	Refused	<input type="checkbox"/>
12.	Mobile/Cellular telephone Don't know		Yes	No	Refused	<input type="checkbox"/>

B.15. I would like to confirm, does the household or any household members own any land?

1. Yes ---→ How much? _____ Square meters (*INTERVIEWER: Circle one*)
Hectares
2. No

B.16. Does the household or any of the household members own any livestock?

1. Yes
2. No

B.17. Does the household or any of the household members have any savings?

1. Yes
2. No

PART C: LIVING STANDARD AND HOUSEHOLD INCOME

B.18. How would you rate your general standard of living now? Would you say that it is... (*INTERVIEWER: Read each of the options sequentially and record the appropriate response*).

1. Substantially below average
2. Little below average
3. Average
4. Little above average
5. Substantially above average

6. Difficult to answer
7. No answer

B.19. Which of the following statements would best describe your household's financial situation now? (INTERVIEWER: Read all statements and record the appropriate response).

1. We need to borrow money for bread and basic food
2. The household income is only sufficient for food but we need to borrow to pay for other necessities
3. The household income is sufficient for food and necessities
4. The household income is plenty to live comfortably

B.20. Please indicate which of the following were the two main sources of income in the last month for your household? INTERVIEWER: Record a maximum of two.

1. Employment

- 1) Permanent employment
- 2) Part time work
- 3) Contract work
- 4) Casual work

- 5) Own enterprise
- 6) Self employment
- 7) Other (specify) _____

2. Rent

- 1) Rent from property
- 2) Personal plot

3. Social insurance payments/International aid

- 1) Pensions
- 2) Humanitarian aid

4. Assistance from friends and relatives

- 1) Relatives or friends abroad
- 2) Relatives or friends in Iraq

5. Other (specify) _____

B.21. Please estimate your household's average monthly income (in dinars) in the past year.

Would you say that your income was... (INTERVIEWER: Read the first 5 entries and record the appropriate response).

1. 0 – 5.1 dinars
2. 5.2 – 7.75 dinars
3. 7.76 – 10.3 dinars

4. 10.4 – 25.8 dinars
5. More than 25.9 dinars
7. Refused
8. Don't know
9. No response

NOTE TO SASHA: Household income for Iraq is practically non-existent. Income ranges used here were drawn from a study by Save the Children (The Northern Iraq Country Programme, The Food Security and Livelihoods Unit). Alastair Kirk and Gary Sawdon, Understanding Kurdish Livelihoods in Northern Iraq: Final Report, January 2002. In this report households in extreme poverty were defined as those with household incomes of under \$200 per year. Poor households were defined as having incomes of less than \$300 per year, Middle income households were defined as those with incomes between \$300 to \$400, rich households are those with incomes of between \$400 and \$1000 per year and super rich are those with incomes over \$1000. I converted these figures to monthly income levels and used the official exchange rate to come up with ranges in Dinars. These figures are probably quite low for folks who live in Baghdad. Let's start with these and through pre-test or further information collection, revise to a more appropriate levels.

PART D: HOUSEHOLD EXPENDITURES

Now I would like to ask you some questions about your household expenditures over the last month.

B.22. How much did your household spend in total over the past month?

(INTERVIEWER: Record the amount in Dinars. If respondent does not remember, probe for an estimate.)

_____ Dinars

B.23. Over the last month, how much did your household spend on?

(INTERVIEWER: Read each item in the left column of the table and record the amount in the right column. If respondent does not remember, probe for an estimate.)

<i>INTERVIEWER: Read the following list:</i>	<i>INTERVIEWER: Record the amounts below in Dinars. Note: If the payment was in-kind, as the respondent to give an estimate of how much the value of that in-kind payment was in Dinars</i>
1. Food	
2. Clothing	
3. Housing (mortgage/rent/repairs excluding utilities)	
4. Utilities (including gas, electricity, water, telephone, and heating fuel)	
5. Education fees and supplies	
6. Health care (all out of pocket costs)	
7. Transportation (including vehicle maintenance and repairs)	
8. Family events (e.g. weddings, funerals)	

9. Debt payments	
10. Travel/vacation	
11. Remittance for any member outside the household	
8. All other expenditures (including the value of any durable or non-durable goods and any services you purchased)	

MODULE B: HEALTHCARE

SECTION I: HOUSEHOLD KNOWLEDGE AND PREFERENCES

PART A: PRIOR EXPERIENC WITH CARE SITES AND PRIMARY SOURCE OF HEALTH SEEKING ADVICE

Next I am going to ask you some questions about the healthcare needs and experiences of your household in the past year.

C.1. During the last 12 months, did you or a member of your household experience a personal medical problem?

- 1. Yes
- 2. No -----→ *Go to C.5*
- 8. Refused-- → *Go to C.5*
- 8. Don't know-- → *Go to C.5*

C.2. How many members of your household experienced a personal medical problem over the last 12 months?

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Other (Specify) _____.

C.3. During the last 12 months, did you or a member of your household consult a doctor (or a nurse) for a personal medical problem?

- 1. Yes
- 2. No
- 7. Refused
- 8. Don't know

C.4. During the last 12 months, how many times did you or a member of your household go to a hospital or a clinic to receive care for a medical condition?

- 1. Did not go to a hospital or a clinic at all
- 2. 1 – 2 times
- 3. 3 – 4 times
- 4. 5 times or more
- 7. Refused
- 8. Don't know

C.5. Do you or any member of your household suffer from a disability that limits your activities or prevents you from working or a chronic illness?

1. Yes
2. No -----→ *Go to C.7*
7. Refused--- → *Go to C.7*
8. Don't know-- → *Go to C.7*

C.6. I am going to read you a list of chronic health problems, please tell me if you or any of your household members suffers or has suffered from this illness?

INTERVIEWER: Read each of illnesses listed below sequentially from a to m and record the appropriate response.

Record 1 for "Yes, 2 for "No", 7 for "Refused" and 8 for "Don't know".

- | | | | | | |
|---|-----|----|---------|------------|--------------------------|
| a. Hypertension?
Don't Know | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| b. Coronary heart disease?
know | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| c. Angina or angina pectoris (heart disease)? | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| d. Heart Attack?
know | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| e. Stroke? | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| f. Asthma? | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| g. Ulcer?
know | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| h. Chronic Obstructive Pulmonary Disease (including emphysema and chronic bronchitis)?
Don't know | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| i. Mental health problem such as depression, manic depression, panic disorder, schizophrenia or psychosis? | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| j. Cancer? | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| k. Diabetes or sugar diabetes?
know | Yes | No | Refused | Don't know | <input type="checkbox"/> |
| l. Pain, aching, stiffness or swelling in or around a joint (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month? | Yes | No | Refused | Don't know | <input type="checkbox"/> |

m. Arthritis

Yes No Refused Don't know

PART B: PRIMARY CRITERIA FOR HEALTHCARE SITE SELECTION

Now we want to know which healthcare places you perceive to be better than others, and what factors are important to you in choosing a healthcare place for you and your household members.

C.8. I am going to read a list of some common places where people go for professional health care. Please tell me if you believe the facility or place to be of Good, Fair or Poor quality in your neighborhood? (INTERVIEWER: Read the list from A-H and record the appropriate response)

A. Public Health Clinic?

1=Good 2=Fair 3=Poor 6=Does not apply 7=Refused 8=Don't know

B. Popular Clinic?

1=Good 2=Fair 3=Poor 6=Does not apply 7=Refused 8=Don't know

C. Private Clinic?

1=Good 2=Fair 3=Poor 6=Does not apply 7=Refused 8=Don't know

D. Health Insurance clinic?

1=Good 2=Fair 3=Poor 6=Does not apply 7=Refused 8=Don't know

E. Public Hospital?

1=Good 2=Fair 3=Poor 6=Does not apply 7=Refused 8=Don't know

F. Private Hospital?

1=Good 2=Fair 3=Poor 6=Does not apply 7=Refused 8=Don't know

G. Private Doctor?

1=Good 2=Fair 3=Poor 6=Does not apply 7=Refused 8=Don't know

H. Pharmacy?

1=Good 2=Fair 3=Poor 6=Does not apply 7=Refused 8=Don't know

C.9. Now I am going to ask you about the importance of some factors that people consider in choosing a health care facility for themselves or their household members. On a scale of 1 to 5 with 1 being not important, 2 being slightly important, 3 being moderately important, 4 being very important and 5 being extremely important, how would you rate the importance of the..... (INTERVIEWER read the list from A-J) for you in choosing a healthcare facility for you or your household members?

A. Closeness to your house

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

B. Low cost of care

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

C. Day and night office hours

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

D. High reputation of doctor

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

E. Good reputation of health care facility

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

F. On-site availability of drugs

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

G. On-site availability of diagnostic equipment

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

H. Overnight accommodation for patients

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

I. Friendliness of health care staff

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

J. Short wait time

1=Not important 2=Slightly important 3=Moderately important 4=Very Important
5=Extremely important 7=Refused 8=Don't know

PART C: KNOWLEDGE OF THE PRESENCE AND LOCATION OF HEALTH CARE FACILITIES

C.10. Where is the nearest trained health worker or health institution that you or your household members would go to for general health care needs? Is it a (INTERVIEWER: Read the list and record the appropriate response)?

1. Public Health Clinic (PHC)
2. Popular Clinic
3. Private Clinic
4. Health Insurance Clinic
5. Public Hospital
6. Private Hospital
7. Private doctor
8. Pharmacy
9. Other (specify) _____.
10. Refused
11. Don't know

C.10. Where is that located? Is it (INTERVIEWER: Read the list and record the appropriate response)?

1. In your neighborhood
2. Outside your neighborhood but within the sub-district
3. Outside of your sub-district but within the district
4. Outside of the district but in Baghdad
5. Refused
6. Don't know

C.11. How long would it take for you to reach the trained health worker or the health institution? (INTERVIEWER: Record 997 for both hours and minutes for "Refused" and record 998 for "Don't know".)

- a. Number of minutes _____
- b. Number of hours _____

C.12. Where is the nearest trained health worker or health institution that you or your household members would go to for emergency health care needs? Is it a
(INTERVIEWER: Read the list and record the appropriate response)?

- 1. Public Health Clinic (PHC)
- 2. Popular Clinic
- 3. Private Clinic
- 4. Health Insurance Clinic
- 5. Public Hospital
- 6. Private Hospital
- 7. Private doctor
- 8. Pharmacy
- 9. Other (specify) _____.
- 10. Refused
- 11. Don't know

C.13. Where is that located? Is it *(INTERVIEWER: Read the list and record the appropriate response)?*

- 1. In your neighborhood
- 2. Outside your neighborhood but within the sub-district
- 3. Outside of your sub-district but within the district
- 4. Outside of the district but in Baghdad
- 5. Refused
- 6. Don't know

C.14. How long would it take for you to reach the trained health worker or the health institution? *(INTERVIEWER: Record 997 for both hours and minutes for "Refused" and record 998 for "Don't know".)*

- a. Number of minutes _____
- b. Number of hours _____

PART D. KNOWLEDGE OF DIARRHEA AND UPPER RESPIRATORY INFECTIONS

Now I am going to ask you some questions about Diarrhea and respiratory infections, such as Bronchitis and Pneumonia. I will be asking questions about common symptoms of these diseases, what home measures you take to cure these diseases, and how you decide when to stop taking home remedies and visit a doctor or a healthcare professional.

Diarrhea

D.1. What do you think are the common symptoms of diarrhea among adults and children? Please tell me “Yes” or “No” for each symptom of diarrhea. Is..... (INTERVIEWER: Read A-E) a common symptom of Diarrhea? Record 1 for “Yes, 2 for “No”, 7 for “Refused” and 8 for “Don’t know”.

A. Loose and watery stools	Yes	No	Refused		<input type="checkbox"/>
Don't Know					<input type="checkbox"/>
B. Frequent bowel movement	Yes	No	Refused	Don't	<input type="checkbox"/>
know					<input type="checkbox"/>
C. Abdominal pain or cramps	Yes	No	Refused		<input type="checkbox"/>
Don't know					<input type="checkbox"/>
D. High fever	Yes	No	Refused	Don't	<input type="checkbox"/>
know					<input type="checkbox"/>
E. Dehydration	Yes	No	Refused	Don't	
know					

D.2. Now think of the common home remedies that you will take should you suspect you or your household member is suffering from diarrhea? For each remedy that I mention, please tell me if you will “Always,” “Sometimes,” or “Never” take that remedy. I will Always, Sometimes, or Never (INTERVIEWER: Read A-G).

- A. Stop eating solid foods**
1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know
- B. Sip clear and warm liquids such as water, tea, broth, flat soda**
1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know
- C. Try eating bulk foods such as banana, rice, or toast**
1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know
- D. Immediately take over-the-counter anti-diarrhea medicine**
1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know
- E. Avoid drinking milk**

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

F. Avoid eating salads and fruits

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

G. Take commercial re-hydration drinks to avoid dehydration

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

D.3. When do you decide to stop taking home remedies and seek professional health care? For each symptom that I read, please tell me if the symptom would warrant that you continue with home care or seek professional health care. You would continue with home care or seek professional health care when you notice(INTERVIEWER: Read A-E)?

A. Repeated loose and watery stools

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

B. That Diarrhea is accompanied by severe cramping, chill, high fever or vomiting

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

C. Severe dehydration (dry mouth, sticky saliva, dizziness or weakness, and dark yellow urine)

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

D. That Stools are bloody

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

E. Diarrhea lasts for more than 2 days

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

Bronchitis

D.4. What do you think are the common symptoms of Bronchitis among adults and children? Please tell me "Yes" or "No" for each symptom of Bronchitis. Is(INTERVIEWER: Read A-D) a common symptom of Bronchitis?

A. Persistent dry or wet cough that brings up green, gray, yellowish mucus

1=Yes 2=No 7=Refused 8=Don't know

B. Wheezing and shortness of breath

1=Yes 2=No 7=Refused 8=Don't know

C. Some pain in upper chest, made worse by fits of coughing

1=Yes 2=No 7=Refused 8=Don't know

D. High Fever

1=Yes 2=No 7=Refused 8=Don't know

D.5. Now think of the common home remedies that you will take should you suspect you or your household member is suffering from Bronchitis? For each remedy that I mention, please tell me if you will Always, Sometimes, or Never take that remedy. I will Always, Sometimes, or Never(INTERVIEWER: Read A-E).

A. Take medicine to fight fever and pain

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

B. Take Cough Medicine

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

C. Stay home in warm room

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

D. Inhale steam from a pot of hot water

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

E. Drink lots of liquid

D.6. When do you decide to stop taking home remedies and seek professional health care? For each symptom that I read, please tell me if the symptom would warrant that you continue with home care or seek professional health care. You would continue with home care or seek professional health care when the (INTERVIEWER: Read A-E)?

A. Symptoms do not ease within 3-4 days

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

B. Mucus becomes darker or thicker

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

C. Patient already has some other lung disease

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

D. Patient coughs blood

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

E. Shortness of breath becomes worse

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

Pneumonia

D.7. What do you think are the common symptoms of Pneumonia among adults and children? Please tell me “Yes” or “No” for each symptom of Pneumonia. Is ... (INTERVIEWER: Read A-F) a common symptom of Pneumonia?

A. High fever, shaking, and chills

1=Yes 2=No 7=Refused 8=Don't know

B. Chest pain

1=Yes 2=No 7=Refused 8=Don't know

C. Greenish or rust-colored mucus streaked with blood

1=Yes 2=No 7=Refused 8=Don't know

D. Shortness of breath

1=Yes 2=No 7=Refused 8=Don't know

E. Rapid Breathing

1=Yes 2=No 7=Refused 8=Don't know

F. Bluish lips and nails

1=Yes 2=No 7=Refused 8=Don't know

D.8. Now think of the common home remedies that you will take should you suspect you or your household member is suffering from Pneumonia? For each remedy

that I mention, please tell me if you will Always, Sometimes, or Never take that remedy. I will Always, Sometimes, or Never (INTERVIEWER: Read A-D).

A. Avoid cough suppressant

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

B. Avoid smoking and smoky places

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

C. Put hot compresses on your chest

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

D. Drink lots of liquid

1=Always 2=Sometimes 3=Never 7=Refused 8=Don't know

D.9. When do you decide to stop taking home remedies and seek professional health care? For each symptom that I read, please tell me if the symptom would warrant that you continue with home care or seek professional health care. You would continue with home care or seek professional health care when ... (INTERVIEWER: Read A-C)?

A. Fever continues

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

B. Mucus has blood

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

C. Shortness of breath

1=Continue with home care 2= Seek Professional health care 7=Refused
8=Don't know

SECTION II: HEALTH STATUS

PART A: DISABILITY, HEALTH STATUS

Next I am going to ask you some questions about your health status and healthcare needs and experiences in the past year.

E.1. In general how would you rate your health today?

- 1. Very good
- 2. Good
- 3. Moderate/Fair
- 4. Bad
- 5. Very bad
- 6. Difficult to answer

***INTERVIEWER:** The next set of questions are designed to assess whether or not the household member suffers from any disability (limitation of activities or work impairing), chronic diseases and collect information on the last problem that the individual has experienced in the last 12 months.*

E.2. Do you now have any health problem that requires you to use special equipment, such as a cane or wheelchair or help from other persons?

- 1. Yes
- 2. No -----→ *Go to E.4*
- 7. Refused-----→ *Go to E.4*
- 8. Don't know--→ *Go to E.4*

E.3. Do you currently have difficulty in any of the following activities....?

***INTERVIEWER:** Read each of the options sequentially and record the appropriate response.*

Record 1 for "Yes, 2 for "No" and 8 for "Don't know".

- | | | | | |
|----|------------------------------------|-----|-------|--------------------------|
| 1. | Bathing or showering | Yes | No | <input type="checkbox"/> |
| | Don't Know | | | |
| 2. | Dressing including getting clothes | Yes | No | <input type="checkbox"/> |
| | know | | Don't | |
| 3. | Using the toilet or getting there | Yes | No | <input type="checkbox"/> |
| | Don't know | | | |
| 4. | Getting in or out of chair or bed | Yes | No | <input type="checkbox"/> |
| | Don't know | | | |
| 5. | Feeding | Yes | No | <input type="checkbox"/> |
| | Don't know | | | |
| 6. | Walking across a room without help | Yes | No | <input type="checkbox"/> |
| | know | | Don't | |

E.4. Do you currently have any health problem that prevents you from being employed or getting work?

- 1. Yes

2. No
7. Refused
8. Don't know

PART B: PRESENCE OF CHRONIC DISEASE, INCLUDING INDEX OF FREQUENCY AND SEVERITY OF SYMPTOMS

E.5.a Have you EVER been told by a doctor or other health professional that you had Hypertension or high blood pressure?

- 1. Yes
- 2. No -----→ *Go to E.6.a*
- 7. Refused-----→ *Go to E.6.a*
- 8. Don't know--→ *Go to E.6.a*

E.5.b. Have you ever been treated for hypertension?

- 1. Yes
- 2. No -----→ *Go to E.6.a*
- 7. Refused-----→ *Go to E.6.a*
- 8. Don't know--→ *Go to E.6.a*

E.5.c. Have you been taking any medications or other treatment for hypertension during the last 2 weeks?

- 1. Yes
- 2. No
- 7. Refused
- 8. Don't know

E.5.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (*INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98*).

Number of visits _____

E.6.a. Have you EVER been told by a doctor or other health professional that you had Coronary Heart Disease?

- 1. Yes
- 2. No -----→ *Go to E.7.a*
- 7. Refused-----→ *Go to E.7.a*
- 8. Don't know--→ *Go to E.7.a*

E.6.b. Have you ever been treated for coronary heart disease?

- 1. Yes
- 2. No -----→ *Go to E.7.a*
- 7. Refused-----→ *Go to E.7.a*
- 8. Don't know--→ *Go to E.7.a*

E.6.c. Have you been taking any medications or other treatment for coronary heart disease during the last 2 weeks?

- 1. Yes
- 2. No
- 7. Refused
- 8. Don't know

E.6.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.7.a. Have you EVER been told by a doctor or other health professional that you had Angina, also called angina pectoris (heart disease)?

- 1. Yes
- 2. No -----→ *Go to E.8.a*
- 7. Refused-----→ *Go to E.8.a*
- 8. Don't know-- → *Go to E.8.a*

E.7.b. Have you ever been treated for angina?

- 1. Yes
- 2. No -----→ *Go to E.8.a*
- 7. Refused-----→ *Go to E.8.a*
- 8. Don't know-- → *Go to E.8.a*

E.7.c. Have you been taking any medications or other treatment for angina during the last 2 weeks?

- 1. Yes
- 2. No
- 7. Refused
- 8. Don't know

E.7.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.8.a. Have you EVER been told by a doctor or other health professional that you had Heart Attack (also called myocardial infraction)?

- 1. Yes
- 2. No -----→ *Go to E.9.a*
- 7. Refused-----→ *Go to E.9.a*
- 8. Don't know-- → *Go to E.9.a*

E.8.b. Have you ever been treated for a heart attack?

- 1. Yes
- 2. No -----→ *Go to E.9.a*
- 7. Refused-----→ *Go to E.9.a*
- 8. Don't know--→ *Go to E.9.a*

E.8.c. Have you been taking any medications or other treatment for a heart attack during the last 2 weeks?

- 1. Yes
- 2. No
- 7. Refused
- 8. Don't know

E.8.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.9.a. Have you EVER been told by a doctor or other health professional that you had a Stroke?

- 1. Yes
- 2. No -----→ *Go to E.10.a*
- 7. Refused-----→ *Go to E.10.a*
- 8. Don't know--→ *Go to E.10.a*

E.9.b. Have you ever been treated for a stroke?

- 1. Yes
- 2. No -----→ *Go to E.10.a*
- 7. Refused-----→ *Go to E.10.a*
- 8. Don't know--→ *Go to E.10.a*

E.9.c. Have you been taking any medications or other treatment for a stroke during the last 2 weeks?

- 1. Yes
- 2. No
- 7. Refused
- 8. Don't know

E.9.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.10.a. Have you EVER been told by a doctor or other health professional that you had Asthma?

- 1. Yes
 - 2. No -----→ *Go to E.11.a*
 - 7. Refused-----→ *Go to E.11.a*
 - 8. Don't know-- → *Go to E.11.a*
-

E.10.b. Have you ever been treated for asthma?

- 1. Yes
 - 2. No -----→ *Go to E.11.a*
 - 7. Refused-----→ *Go to E.11.a*
 - 8. Don't know-- → *Go to E.11.a*
-

E.10.c. Have you been taking any medications or other treatment for asthma during the last 2 weeks?

- 1. Yes
 - 2. No
 - 7. Refused
 - 8. Don't know
-

E.10.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.11.a. Have you EVER been told by a doctor or other health professional that you had an Ulcer?

- 1. Yes
 - 2. No -----→ *Go to E.12.a*
 - 7. Refused-----→ *Go to E.12.a*
 - 8. Don't know-- → *Go to E.12.a*
-

E.11.b. Have you ever been treated for an ulcer?

- 1. Yes
 - 2. No -----→ *Go to E.12.a*
 - 7. Refused-----→ *Go to E.12.a*
 - 8. Don't know-- → *Go to E.12.a*
-

E.11.c. Have you been taking any medications or other treatment for an ulcer during the last 2 weeks?

- 1. Yes
 - 2. No
 - 7. Refused
-

8. Don't know

E.11.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.12.a. Have you EVER been told by a doctor or other health professional that you had a Chronic Obstructive Pulmonary Disease (COPD) (including emphysema and chronic bronchitis)?

- 1. Yes
- 2. No -----→ *Go to E.13.a*
- 7. Refused-----→ *Go to E.13.a*
- 8. Don't know--→ *Go to E.13.a*

E.12.b. Have you ever been treated for a Chronic Obstructive Pulmonary Disease?

- 1. Yes
- 2. No -----→ *Go to E.13.a*
- 7. Refused-----→ *Go to E.13.a*
- 8. Don't know--→ *Go to E.13.a*

E.12.c. Have you been taking any medications or other treatment for a Chronic Obstructive Pulmonary Disease during the last 2 weeks?

- 1. Yes
- 2. No
- 7. Refused
- 8. Don't know

E.12.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.13.a. Have you EVER been told by a doctor or other health professional that you had a Mental Health Problem such as depression, manic depression, panic disorder, schizophrenia or psychosis?

- 1. Yes
- 2. No -----→ *Go to E.14.a*
- 7. Refused-----→ *Go to E.14.a*
- 8. Don't know--→ *Go to E.14.a*

E.13.b. Have you ever been treated for a mental health problem?

- 1. Yes

- 2. No -----→ *Go to E.14.a*
 - 7. Refused-----→ *Go to E.14.a*
 - 8. Don't know--→ *Go to E.14.a*
-

E.13.c. Have you been taking any medications or other treatment for a mental health problem during the last 2 weeks?

- 1. Yes
 - 2. No
 - 7. Refused
 - 8. Don't know
-

E.13.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.14.a. Have you EVER been told by a doctor or other health professional that you had Cancer?

- 1. Yes
 - 2. No -----→ *Go to E.15.a*
 - 7. Refused-----→ *Go to E.15.a*
 - 8. Don't know--→ *Go to E.15.a*
-

E.14.b. Have you ever been treated for cancer?

- 1. Yes
 - 2. No -----→ *Go to E.15.a*
 - 7. Refused-----→ *Go to E.15.a*
 - 8. Don't know--→ *Go to E.15.a*
-

E.14.c. Have you been taking any medications or other treatment for cancer during the last 2 weeks?

- 1. Yes
 - 2. No
 - 7. Refused
 - 8. Don't know
-

E.14.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.14.e. What kind of cancer was it?

- 1. Blood

2. Brain
3. Breast
4. Cervix
5. Colon
6. Leukemia
7. Lung
8. Prostate
9. Other (Please Specify): _____

E.15.a. Have you EVER been told by a doctor or other health professional that you had Diabetes or sugar diabetes?

1. Yes
2. No -----→ *Go to E.16.a*
7. Refused-----→ *Go to E.16.a*
8. Don't know--→ *Go to E.16.a*

E.15.b. Have you ever been treated for diabetes or sugar diabetes?

1. Yes
2. No -----→ *Go to E.16.a*
7. Refused-----→ *Go to E.16.a*
8. Don't know--→ *Go to E.16.a*

E.15.c. Have you been taking any medications or other treatment for diabetes or sugar diabetes during the last 2 weeks?

1. Yes
2. No
7. Refused
8. Don't know

E.15.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (*INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98*).

Number of visits _____

E.16.a. Have you EVER experienced any of the following: ...Pain, aching, stiffness or swelling in or around a joint (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month?

1. Yes
2. No -----→ *Go to E.17.a*
7. Refused-----→ *Go to E.17.a*
8. Don't know--→ *Go to E.17.a*

E.16.b. Have you ever been treated for pain?

1. Yes

- 2. No -----→ *Go to E.17.a*
 - 7. Refused-----→ *Go to E.17.a*
 - 8. Don't know--→ *Go to E.17.a*
-

E.16.c. Have you been taking any medications or other treatment for pain during the last 2 weeks?

- 1. Yes
 - 2. No
 - 7. Refused
 - 8. Don't know
-

E.16.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

E.17.a. Have you EVER been told by a doctor or other health professional that you had Arthritis?

- 1. Yes
 - 2. No -----→ *Go to F.1*
 - 7. Refused-----→ *Go to F.1*
 - 8. Don't know--→ *Go to F.1*
-

E.17.b. Have you ever been treated for arthritis?

- 1. Yes
 - 2. No -----→ *Go to F.1*
 - 7. Refused-----→ *Go to F.1*
 - 8. Don't know--→ *Go to F.1*
-

E.17.c. Have you been taking any medications or other treatment for arthritis during the last 2 weeks?

- 1. Yes
 - 2. No
 - 7. Refused
 - 8. Don't know
-

E.17.d. During the past 12 months, how many times have you had to visit an emergency room or a health care professional because of this illness? (INTERVIEWER: If none, record 0, for refused record 97, and for don't know, record 98).

Number of visits _____

SECTION III: CARE SEEKING INTENTIONS, DECISIONS, AND RESULTS

PART A: PRIMARY DECISION MAKERS FOR HEALTHCARE

F.1. In your household who usually makes decisions about whether or not, when or where to seek health care?

1. Head of the household
2. Spouse of head
3. Son/daughter of head
4. Son/Daughter-in-law
5. Brother/Sister of head
6. Parent of head
7. Parent-in law of head
8. Grand parents
9. Other relatives
10. Friend
11. Difficult to answer
12. Other- If other, please specify _____

PART B: OCCURRENCE OF A HEALTH EVENT

Now I would like to ask you some questions about your most recent medical problem.

F.2. Thinking of your most recent healthcare need, which of the following reasons best describes why you needed care?

1. Injury
2. Chronic illness/ Disability
3. Minor illness
4. Surgical problem
5. Pregnancy care / Delivery/Care after delivery
6. Dental problem
7. High fever, severe diarrhea or cough
8. Acute, emergency health problem
9. Immunization/Vaccination
10. Any other

F.3. When did you need this care?

1. In the last 30 days
2. Between one month and less than six months ago
3. More than 6 months and less than one year ago
4. More than one year ago
7. Refused
8. Don't Know

F.4. At the time that you had this health problem, were you covered by any type of health insurance?

1. Yes
2. No
7. Refused

8. Don't know

F.5. Which of the following did you consult for the problem?

INTERVIEWER: Record all the appropriate responses that apply.

- 1. Doctor -----→ *Go to F.6*
- 2. Nurse
- 3. Pharmacist
- 4. Healer
- 5. Midwife
- 6. Other
- 7. Did not consult anyone

F.6. Why didn't you consult a doctor?

INTERVIEWER: Probe respondent and estimate answer. Record all responses that apply.

- 1. Problem was relatively minor / I solved it by myself
- 2. Believe in herbal remedies
- 3. Don't trust doctors
- 4. Don't like to go to the doctor
- 5. Too expensive
- 6. Lack of transportation
- 7. Too far
- 8. Family objections
- 9. Did not know what type of specialist to approach
- 10. Did not know where to go
- 11. Scheduling conflict
- 12. Other reason (specify)_____

Go to F.11

F.7. How did you select the doctor?

- 1. He/she was my neighborhood doctor
- 2. He/she was our family doctor
- 3. Friend / relative/another doctor recommended the doctor
- 4. We had consulted the doctor earlier and were satisfied with the treatment
- 5. The doctor was the nearest and most convenient
- 6. The doctor was assigned to me (I was referred to)
- 7. Cost of visit was low
- 8. Other reason

--

F.8. Did the doctor visit you at home?

- 1. Yes
- 2. No

--

F.9. Did you use the ambulance service for your problem?

- 1. Yes

--

2. No-----**Go to F.12**

F.10. How would you rate your experience with the ambulance service?

INTERVIEWER: Read each of the options sequentially and record the appropriate responses. Record 1 for "Yes, 2 for "No" and 9 for "Don't know".

- | | | | | | | |
|------|----|---|-----|----|-------|--------------------------|
| Know | 1. | The doctor explained the problem clearly | Yes | No | Don't | <input type="checkbox"/> |
| Know | 2. | Doctor was well qualified | Yes | No | Don't | <input type="checkbox"/> |
| Know | 3. | The service had medication/equipment necessary for my problem | Yes | No | Don't | <input type="checkbox"/> |
| Know | 4. | The service arrived quickly | Yes | No | Don't | <input type="checkbox"/> |
| | 5. | I am satisfied with the services provided by the ambulance | Yes | No | Don't | <input type="checkbox"/> |

F.11. Did you have to pay for the ambulance service?

1. Yes, How much _____ Dinars
2. No
3. Difficult to answer

PART C: SITES VISITED PER EVENT

F.12. Which of the following health care facilities did you visit for advice or treatment?

1. Public Health Clinic (PHC)
 2. Popular Clinic
 3. Private Clinic
 4. Health Insurance Clinic
 5. Public Hospital
 6. Private Hospital
 7. Private doctor
 8. Pharmacy
 9. Other (specify) _____
 10. Did not visit any facility---→ **Go to F.25**
 11. Went abroad for treatment--→ **Go to F.31**
-

F.13. Where was this health facility located?

1. In your neighborhood
 2. Outside of my neighborhood but in Baghdad
 3. Outside of Baghdad
-

14. How did you select the health care facility you visited?

1. Friend / relative/doctor recommended the health care facility

2. I had visited this health care facility before and was satisfied with the experience
3. It was the nearest and most convenient to visit
4. The health care facility was assigned to me (I was referred to).
5. Other reason

F.15. How many times did you consult the facility for this last problem?

Times _____.

F.16 What mode of transport did you use to travel to the facility?

1. Walk
2. Mini bus or other public transport
3. Asked a friend/relative to drive me
4. Taxi
5. Drove my own car
6. Ambulance service
7. Other

F.17. How long did it take to travel to the facility?

INTERVIEWER: Please ask to time one way

1. Less than ½ hour
2. ½ - 1 hour
3. 1-2 hours
4. 2-3 hours
5. More than 3 hours

F.18. How much did you spend for the travel to and from the facility for this last problem?

Amount _____Dinars.

F.19. How much time did each consultation take on an average?

1. Less than ½ hour
2. ½ - 1 hour
3. 1-2 hours
4. 2-3 hours
5. More than 3 hours
6. Did not need consultation

F.20. Did you also stay in a hospital for this problem?

1. Yes How long? _____Days
2. No-----→Go to F.23

F.21. Did you stay in the hospital for the whole period of treatment prescribed by the doctor?

1. Yes-----→Go to F.23
2. No

F.22. What was the reason for not staying for the whole period of treatment prescribed by the doctor?

1. I was cured sooner than expected
2. It was too expensive to stay at the hospital
3. Other (specify) _____

PART D: PATIENT SATISFACTION

F.23. How would you rate your experience with the health care facility?

INTERVIEWER: Read each of the options sequentially and record the appropriate responses. Record 1 for "Yes, 2 for "No", 3 for "Does not apply", 7 for "Refused, and 8 for "Don't know".

- | | | | | | | | |
|-----|--|-----|----|----------------|---------|------------|--------------------------|
| 1. | Facility had equipment for my problem | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 2. | The doctor explained the problem clearly | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 3. | Health facility was too far | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 4. | Health facility was clean | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 5. | Waiting lines were too long | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 6. | Doctor was well qualified | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 7. | Facility provided sufficient care and services | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 8. | Staff at the facility were friendly | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 9. | I got the prescription I needed | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |
| 10. | I was able to obtain prescribed drugs on site | Yes | No | Does not apply | Refused | Don't Know | <input type="checkbox"/> |

PART E: PATIENT PAYMENTS

F.24. Who did you pay at the health facility?

INTERVIEWER: Read each of the options sequentially and record appropriate responses. Record 1 for "Yes, 2 for "No" and 3 for "Difficult to answer".

- | | | | | | |
|----|---------------------------------------|-----|----|---------------------|--------------------------|
| 1. | Paid the cashier | Yes | No | Difficult to answer | <input type="checkbox"/> |
| 2. | Paid the doctor directly | Yes | No | Difficult to answer | <input type="checkbox"/> |
| 3. | Paid the nurse at the health facility | Yes | No | Difficult to answer | <input type="checkbox"/> |

- | | | | | | |
|--------|---|-----|----|--------------|--------------------------|
| 4. | Paid other staff at the health facility | Yes | No | Difficult to | <input type="checkbox"/> |
| answer | | | | | |
| 5. | Paid for the forms | Yes | No | Difficult to | <input type="checkbox"/> |
| answer | | | | | |

F.25. Did you pay in charges for any of the following for the treatment of this problem?

INTERVIEWER: Read each of the option sequentially and record the appropriate responses. Record 1 for "Yes, 2 for "No" and 9 for "Don't know".

- | | | | | |
|----|--------------------------|--------------------------|--|--------------------------|
| 1. | Payment to the Doctor | Yes {How much_____Dinar} | | <input type="checkbox"/> |
| No | Don't know | | | <input type="checkbox"/> |
| 2. | Cost of Medical Supplies | Yes {How much_____Dinar} | No | <input type="checkbox"/> |
| | Don't know | | | |
| 3. | Cost of Medicines | Yes {How much_____Dinar} | No | <input type="checkbox"/> |
| | Don't know | | | |
| 4. | Laboratory Tests | Yes {How much_____Dinar} | No | <input type="checkbox"/> |
| | Don't know | | | |
| 5. | Costs of hospital stay | Yes {How much_____Dinar} | No | <input type="checkbox"/> |
| | Don't know | | | |
| 6. | Payment for forms | Yes {How much_____Dinar} | No | <input type="checkbox"/> |
| | Don't know | | | |
| 7. | Any other expenditure | Yes {How much_____Dinar} | No | <input type="checkbox"/> |
| | Don't know | | | |
| 8. | Total | _____Dinar | <i>(Interviewer: If Total is 0 then skip to F.27).</i> | |

F.26. How did you pay for the medical treatment?

Interviewer: Record all responses that apply

- | | | |
|----|---|--------------------------|
| 1. | Borrowings | <input type="checkbox"/> |
| 2. | Current income | <input type="checkbox"/> |
| 3. | Savings | <input type="checkbox"/> |
| 4. | Friends or family member paid for it (gift) | <input type="checkbox"/> |
| 5. | Sold something to pay | <input type="checkbox"/> |

F.27. Did you also provide any gifts to the doctor or any other medical staff?

- | | | |
|----|--------------------|--------------------------|
| 1. | Yes | <input type="checkbox"/> |
| 2. | No-----→Go to F.29 | |

F.28. What was the value of gifts made to the doctor and medical staff?

INTERVIEWER : Please ask to estimate the value of the gift in Dinar.

Amount _____ Dinar

F.29. Were you prescribed medications or did you take any medications for treatment?

- | | | |
|----|---------------------|--------------------------|
| 1. | Yes | <input type="checkbox"/> |
| 2. | No-----→ Go to F.31 | |

F.30. Did you buy this medication?

1. Yes
2. No, it was too expensive
3. No, I didn't want to buy these
4. No, the pharmacy is too far away
5. The medicine was provided free
6. Other

F.31. Was the illness cured?

1. Yes
2. No
3. Not completely
4. Difficult to answer

END:

INTERVIEWER: Read aloud the following text.

“ Thank you very much for your participation in this survey. May we contact you again in the future to obtain some more information concerning these issues?”

1. Yes
2. No

K. INTERVIEWER'S COMMENTS

The following section is to be completed by the interviewer immediately after completing the interview.

K.1. Record end time

End time: _____
Hours / Minutes

K.2. Estimate please the level of cognizance of interviewee according to a 5-digital scale, where 1-corresponds to the lowest case and 5- corresponds to the highest case.

1 2 3 4 5

K.3. Estimate please the sincerity level of respondent's answers according to a 5-digital scale, where 1-corresponds to the lowest case and 5- corresponds to the highest case

1 2 3 4 5

K.4. Identify the items to which the respondent has difficulties to answer (Specify the item number)

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K.5. Any Observations or Commentaries by the Interviewer

Signature _____

M. SUPERVISOR'S COMMENTS

The following section is to be completed by the supervisor who checked this questionnaire

M.1. SUPERVISOR'S NAME : _____

M.2. DATE : _____ / _____ / _____
Day Month Year

M.3. REMARKS: _____

M.4. REPEATED INTERVIEW BY THE SUPERVISOR: 1. Yes
2. No

M.5. ANY OBSERVATIONS OR COMMENTARIES BY THE SUPERVISOR :

SIGNATURE: _____